

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

40874

1. PLACE OF DEATH

County Jackson

Registration District No. 399

Township Kaw

Primary Registration District No. 100

City Kansas City

(No. 1823 Jarboe)

File No.

Registered No. 4854

St.

Ward)

2. FULL NAME

Mary A. Nelson

(a) Residence, No. 1823 Jarboe

St. 3

Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR

DIVORCED (write the word)

Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OF

Embric Nelson

1854

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Jany. 21, 1823

7. AGE

YEARS

77

MONTHS

10

DAYS

14

If LESS than 1

day, hrs.

or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

Illinois

FATHER

13. NAME

Niels Engleson

14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

Norway

MOTHER

15. MAIDEN NAME

Bertha M. Anderson

16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

Norway

17. INFORMANT
(ADDRESS)

Arthur S. Nelson
1823 Jarboe

18. BURIAL, CREMATION, OR REMOVAL

PLACE Union Cemetery DATE 12-8-1931

19. UNDERTAKER
(ADDRESS)

Philip Mc Clellan
3239 Williams St.

20. FILED

1276 1931 M.M. (Crawley)
Asst. Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

Dec. 5, 1931

22. I HEREBY CERTIFY, That I attended deceased from

Dec. 2, 1931, to Dec. 5, 1931

I last saw him alive on Dec 5, 1931. Death is said

to have occurred on the date stated above, at A. 8:15

The principal cause of death and related causes of importance were as follows:

Cerebral Apoplexy
82A 82A
97

Date of onset

Dec 31

Other contributory causes of importance:

Arterio Sclerosis

Name of operation

Date of

What test confirmed diagnosis? Usual Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Ward H. Leonard M.D.

(Address) 3232 Summit St.

3232 Sumner -

Lo. 1523 -